

STATE OF MARYLAND



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## Introduction

The purpose of this chart book is to provide detailed information on insurance coverage that is Maryland-specific. Knowing who the uninsured are and how this population is changing supports efforts to improve insurance coverage for Maryland's residents. The figures, tables and comments in this report are designed to help organizations in both the private and public sectors, as well as interested individuals, determine which populations are most at risk of being uninsured, which groups make up the majority of the uninsured, and the health insurance status of residents in various circumstances.

This is the third edition of the chart book on insurance coverage, and like the previous versions it focuses on various aspects of insurance coverage in the state and makes comparisons to national data. It begins with a snapshot of how the various types of health insurance are distributed among the state's residents, followed by demographic characteristics of the state's uninsured and insured, and the availability and cost of insurance in the private sector. To assist in characterizing the uninsured, estimates cover Maryland subpopulations separately: the nonelderly, adults, adult workers, and the elderly. The Highlights section outlines some findings from the report's charts and tables and provides some reasons why the data might look the way it does.

Recently, researchers have projected a significant jump in the national nonelderly uninsured rate in 2001, based on the rise in the unemployment rate during 2001. However, the unemployment rate in Maryland at the end of 2001 was essentially the same as the rate at the start of 2001, and there is no difference in the annual average unemployment rates for 2000 and 2001, 3.9 percent. Consequently, the uninsured rate in Maryland in 2001 is projected to be similar to that of 2000, at least with respect to employment-based coverage.

Sources of data for this report are: Current Population Survey (CPS) and the Medical Expenditure Panel Survey (MEPS). Accurate estimates from the Current Population Survey (CPS) require a pooling of data to produce a sufficient sample size. Because of this, annual tracking of policy initiatives are not feasible with this chart book.

## Highlights

### TYPES OF COVERAGE

#### Elderly

All but 1 percent of the state's senior citizens have at least one source of insurance coverage, and nearly all are covered by Medicare. About three-fourths of the state's elderly Medicare beneficiaries have a secondary source of insurance, predominately a Medigap insurance plan. Beneficiaries without a Medigap policy may be enrolled in Medicare HMOs, limiting their out-of-pocket expenditures. However, private HMOs have been withdrawing from participation in the Medicare+Choice program, which has limited beneficiaries' enrollment opportunities. Because so few of the elderly are uninsured, the remainder of the analyses in this report is focused on the non-elderly uninsured.

#### Nonelderly

Maryland's 2-year uninsured (for all 12-months) rate is well below the comparable national figure. The difference is principally due to higher levels of health care coverage at the workplace in Maryland, through:

- a higher percentage of private firms offering health insurance to their employees, and
- a larger share of workers employed in the public sector,<sup>1</sup> which makes well-subsidized health care coverage available to nearly all employees.

Consequently, considerably more of Maryland's residents are covered primarily by employer-based insurance than in the U.S. as a whole. Because Maryland's poverty rate is among the nation's lowest, the portion of residents covered primarily by Medicaid is below the nationwide rate.

The average uninsured rate for all Maryland residents in 1999-2000, 10.4 percent, is lower than for nonelderly because it includes the elderly, who are nearly all insured.

### DEMOGRAPHICS (NONELDERLY)

#### Gender

The risk of being uninsured is about the same for nonelderly males and females in Maryland, and they each contribute about half of the uninsured. This is in contrast to the nation as a whole, which has a higher uninsured risk for males than for females which results in males comprising about 52 percent of the non-elderly uninsured nationwide. Small sample size prevents an examination of age-specific gender differences (e.g. risk for women ages 55-64), but an income-specific gender comparison did yield differences. Among the poor/near poor (see next page for definition), females are more likely to be uninsured than are males, while among those with at least moderate incomes, females have a significantly higher coverage rate than do males.<sup>2</sup>

#### Age

As in the nation as whole, younger adults, ages 19-29, in Maryland have the highest risk of being uninsured. They comprise a large segment of the uninsured at 29 percent, well above their share of Maryland's non-elderly residents. Risk in this group decreases with age, falling from 26 percent in those 19-24 to 18 percent in residents 25-29. Adults age 30-39 have a risk slightly

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<sup>1</sup> About 18 percent of all Maryland jobs are in the public sector compared to about 14 percent of all jobs nationwide.

<sup>2</sup> This data is not included in the chartbook: uninsured rates for poor/near poor are 39 percent for females, 30 percent for males; for those with at least moderate incomes the rates are 7 percent in females, 11 percent in males.

above average, while adults 40-64 have below-average risk and, correspondingly, a lower representation in the distribution of uninsured than in the non-elderly population.

Children 0-18 have the lowest risk, thanks in part to Medicaid and its recent expansion, the Children's Health Insurance Program, which target children with eligibility standards that allow higher family incomes for children than those set for adults. Although the uninsured risk for younger children and teens separately could not be accurately estimated due to insufficient sample size, the *insured rate* for Maryland teens is less favorable than that for children under age 13.<sup>3</sup>

Maryland's age-specific uninsured rates are about 1/4 smaller than the national rates for each age group presented in this data except young adults 18-24, where the gap is much smaller in spite of the greater availability of health insurance at the workplace in Maryland.<sup>4</sup> The lack of a significant difference for this age group reflects persistent unemployment, employment in unskilled occupations where insurance is less available (see page 22), and a greater unwillingness to purchase health insurance, regardless of income level, compared to older adults.

Small sample size also prevents reporting an uninsured rate for Maryland's older adults 55-64 – a population of concern for policy-makers since they may be out of the workforce and without access to group coverage – but their *insured rate* is about the same as that of those 45-54.<sup>5</sup> This gap is relatively smaller than the national rate gap between these age groups, which is, once again, likely the result of greater access to employer-based coverage in Maryland than in the nation as a whole.

### **Federal Poverty Level (FPL)<sup>6</sup>**

As expected, the poor (<100% FPL) and near poor (100-199% FPL) in Maryland are far above average in their risk of being uninsured (38 percent and 23 percent, respectively). Together they account for slightly more than 2/5 of the uninsured, twice their share of the nonelderly population. For a family of four in Maryland in 2000, an income equal to 200 percent of FPL ranged from \$16,895 to \$17,465, depending on the age of the family members.

Persons with moderate incomes (200-299% FPL) also have an uninsured risk well above average and contribute an additional 1/5 to the uninsured. For those with incomes of at least 300% FPL the risk of being uninsured drops dramatically to just 6 percent. However, because of the prevalence of higher incomes among Maryland's nonelderly, members of this income category comprise more than 1/3 of the uninsured, in spite of their relatively low risk. Sample size and the low rate of uninsurance in this income category prevents segmenting it into smaller income intervals to see if the transition to the 6 percent risk is gradual or abrupt.

### **Age & FPL**

Among poor/near poor families, more than 4/5 of the children 0-18 are insured, a better rate than any other age group in this income category, mainly due to Medicaid (discussed earlier). This higher

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<sup>3</sup> This data is not included in the chartbook: insured rate for teens is 88 percent versus 94 percent for children under age 13.

<sup>4</sup> For national data see *Health Insurance Historical Tables*, <http://www.census.gov/hhes/hlthins/historic> and *Health Insurance Coverage: 2000*, <http://www.census.gov/hhes/www/hlthin00.html>.

<sup>5</sup> This data is not included in the chartbook: insured rate for ages 55-64 is 90 percent versus 91 percent for those ages 45-54.

<sup>6</sup> The poverty income levels used in the analyses in this report are the levels contained in the Current Population Survey data. These levels are established by the Bureau of the Census, and vary by number and age of family members; they are not the same as the poverty income cut-offs set by the Department of Health and Human Services (HHS) for federal entitlement programs, such as Medicaid. An analysis of the effective difference between the 2 poverty levels in the CY1999-2000 data found that the HHS cut-offs classify about 4 percent fewer Maryland nonelderly residents as under 200% of poverty than do the Census cut-offs. The reduction varied slightly by age group, ranging from 4.7 percent fewer children to 3.7 percent fewer adults age 40-64.

coverage rate is especially important for the state's children because nearly 1/4 of them live in poor/near poor families. Children also have the highest age-specific coverage rate in families with at least moderate incomes, although the rates for adults 30-64 are very similar.

The age group with the highest proportion living in poor/near poor families, 30 percent, is young adults ages 19-24. Unfortunately, less than 1/2 of poor/near poor young adults are insured, far below the coverage rates of other age groups in poor/near poor families. As a result, young adults are the only age group in which the poor/near poor comprise the majority of the uninsured. As adults age, the proportion with poor/near poor incomes declines, and the coverage rate rises, regardless of income level. The coverage rates for residents in families with at least moderate incomes are significantly better than for those in poor/near poor families, reflecting more income with which to pay premiums and/or greater likelihood of insurance coverage through their employment due to changes in occupation. Yet, even as family incomes rise above 200% FPL, insurance coverage is not universal: nearly 2/3 of uninsured adults 40-64 have at least moderate incomes.

### **Educational Attainment**

Among Maryland's nonelderly adults, risk of being uninsured decreases with more years of education. Lack of a high school diploma is one of the biggest risk factors for being uninsured: 1/3 of adults without this diploma have no insurance. Adults whose formal education ended with high school graduation also have above-average risk of being uninsured. Although their risk is below the risk of those without a high school diploma, high school graduates comprise more (about 2/5) of uninsured nonelderly adults due to their greater prevalence in the nonelderly adult population. In spite of an uninsured rate of just 7 percent, adults with at least some college account for about 1/3 of uninsured nonelderly adults because the majority of Maryland's nonelderly adults are in this educational category.

### **Race/Ethnicity**

Maryland's nonelderly Hispanics and Blacks have above-average risk of lacking health insurance and comprise slightly more than half of the state's uninsured, compared to their combined 1/3 share of the state's nonelderly population. Risk for Hispanics is about twice that of Blacks (33 percent versus 17 percent), but Hispanics account for just 14 percent of the uninsured because they are only 5 percent of the total population.

### **Race/Ethnicity & FPL**

In part, the race/ethnic differences in nonelderly uninsured risk reflect differences in income. Compared to non-Hispanic Whites, Blacks are twice as likely and Hispanics are three times as likely to live in families with poor or near poor incomes. Additionally, the differences in uninsured rates may reflect differing priorities and/or habits of obtaining health care, since Whites have higher coverage rates than Blacks or Hispanics, whether below or above 200% FPL. For those with poor/near poor family incomes, the relative difference in insured rates for Blacks and Whites is small (78 percent versus 72 percent), but only about half the Hispanics at this income level are insured. Among those with at least moderate incomes, the coverage rates understandably increase for all ethnic groups. The relative increase in coverage is greatest for Hispanics and smallest for Blacks. However the coverage rate for Hispanics is still well behind those of Whites and Blacks, and the gap in coverage between Blacks and Whites is slightly larger than among the poor/near poor.

### **Race/Ethnicity & Educational Attainment**

Differences in educational attainment are reflected in the race/ethnic differences in uninsured risk. Given the above-average uninsured rates among adults with no more than a high school diploma, ethnic groups with relatively lower proportions attending college will have higher uninsured rates. Only about 1/3 of adult Hispanics in Maryland have any college education, which significantly

increases their risk of being uninsured.<sup>7</sup> About half of adult Blacks in Maryland have at least some college education, and the vast majority of those with high school or less are high school graduates, reducing their uninsured risk relative to Hispanics. More than 60 percent of Whites have at least some college, which helps to explain their below-average risk of being uninsured.

Among those with no more than a high school education, the coverage differences across the ethnic groups are even greater than those observed within the low-income category for all ethnic groups except Whites. For Hispanics and Blacks the increase in coverage associated with more education exceeds the jump in coverage related to increased income. The jump in coverage appears especially large among Hispanics, although this gain needs to be considered cautiously due to the small sample size. As a result, the coverage rates for those with at least some college exhibit relatively smaller racial/ethnic differences. If the sample had been large enough to split this category into some college and college graduates it is likely that the differences between the ethnic groups would be even smaller.

### **Race/Ethnicity & Citizenship**

Although citizenship has a favorable impact on insurance coverage in all ethnic groups, the effect is especially pronounced among the state's Hispanic residents. Among Hispanics who are U.S. citizens, the coverage rate is comparable to the rate for Black citizens, while among citizens of other ethnic groups the insured rate is comparable to the rate for White citizens. The 53 percent insured rate among Hispanics who are not citizens is nearly identical to the rates for poor/near poor Hispanics with less than a high school education. Since Medicaid eligibility is dependent on being a citizen, or at least a legal immigrant, the high percentage of Hispanics who are not citizens helps to explain why the insured rate for poor/near poor Hispanic residents is so low relative to other ethnic groups. And Hispanic non-citizens with less than a high school education are not in a good position to obtain insurance coverage through their employers, since their lack of formal education generally confines them to occupations where employer-sponsored coverage is least likely to occur.

## **FAMILY CHARACTERISTICS (NONELDERLY)**

### **Family Size**

Persons living alone or with other unrelated individuals and those living in families of 6 or more persons have above average uninsured risks. Consequently, they comprise larger segments of the uninsured than their proportions of the nonelderly population. Residents who live in families of 2-3 persons have about average risk, while those in families 4-5 persons have below average risk.

The reasons underlying this pattern are a function of both income and age distribution: those not living with relatives have the highest proportion with poor/near incomes (29 percent) among the family sizes and more than 2/5 are 19-34, compared with about 1/4 of the nonelderly population. Those living in families of 6 or more also have an above average shares of individuals with poor/near poor incomes, adults 19-24, and children. Among the other family sizes the proportions of poor/near poor and young adults are below average.

### **Health Insurance Coverage by Family Employment Status**

Residents living in families with two or more wage earners are the most likely to have employer-based coverage (86 percent) and the least likely to be uninsured (9 percent). Persons living in one wage-earner families are less likely to have employer-based coverage, and more likely to have non-group private insurance or to be uninsured (13 percent). Individuals in families with one or more self-employed workers (but no workers for wages) as expected have the highest rate of non-group

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<sup>7</sup> Nearly half of adult Hispanics in Maryland are not high school graduates, which puts them at much greater risk of being uninsured than if they had at least a high school diploma.

private coverage (22 percent). Compared to one wage earner family members, they have a slightly elevated risk of being uninsured and twice the likelihood of being covered by Medicaid. Persons living in families where all the adults are unemployed have lowest coverage rate, 71 percent, with just 2/5 covered by private insurance and 1/3 covered by public insurance. The source of private coverage for those living in “unemployed” families can come from parents or former spouses living in another home, or through temporary extension of health insurance at a former employer (e.g., COBRA).

Income plays a role in the differing coverage rates by source of family employment. All types of families have lower coverage rates for their members when their incomes are below 200% FPL, and there are significant differences in the proportion of individuals in each family type that fall below into this income category. This proportion ranges from just 7 percent of 2 wage-earner family members to 1/4 of 1 wage-earner family members to nearly 3/4 of those in families with no employed adults. There is relatively little difference in the poor/near poor coverage rates among the members of all family types except the 2+ wage earner families. The relatively higher coverage rate among members of this latter family type reflects, in part, greater likelihood of access to employer-subsidized coverage by having more than one adult employed for wages. Above 200% FPL, there is little difference in the coverage rates for members of wage earner families, but the coverage gaps between these individuals and those in other family types are greater in the those of at least moderate income than among the poor/near poor.

## AVAILABILITY & COST OF INSURANCE IN PRIVATE FIRMS

### Partial Coverage

Policy makers constructing programs to assist the uninsured need to estimate how many persons will likely take advantage of their programs in order to project the level of funding that will be required. Unfortunately, the Current Population Survey produces an estimate of those without insurance the entire year, but offers no estimate of those without insurance for part of the year. In order to assist policy-makers in constructing these estimates, we analyzed the frequency and duration of insurance coverage lapses in nonelderly residents of the Northeast (as a proxy for Maryland residents) using the Medical Expenditure Panel Survey (MEPS) data.

Among all residents of the Northeast below the age of 65 ever insured during the year, there was a 12 percent probability of a lapse in health insurance coverage and an average lapse of 4 months. Among children, the probability of a lapse was slightly less, 11 months, but the average duration was the same. Individuals between the ages of 19-24 were the most likely to experience a coverage lapse (i.e., 25 percent), and those between the ages of 25-34 tended to experience the shortest lapse of any age group (i.e., 3 months). Individuals aged 45-54 and those 55-64 were the least likely to experience a lapse of coverage, but the duration of their lapse was the longest of any age group (i.e., 5 months).

Males and females were almost equally likely to experience a lapse in insurance coverage, although the duration was almost twice as long for females relative to males. Among racial/ethnic groups, the probability of a lapse was similar among whites, blacks, and Hispanics, but the average duration of lapse was the longest for Hispanics (i.e., 6 months). Among income categories, the near poor were the most likely to experience a lapse in coverage (i.e., 34 percent) and also tended to experience the longest average lapse (i.e., 7 months). Those with high incomes were the least likely to experience a lapse of coverage (i.e., 7 percent) and had a shorter duration of non-coverage (i.e., 3 months).

To illustrate how this information can be used in Maryland, in 1999-2000, an estimated 12 percent of nonelderly Maryland residents would probably have lacked coverage for 1-11 months, leaving 77 percent who were insured for the entire year, and 12 percent who were uninsured all 12 months. Among those insured for just part of the year, about half lacked insurance for 1-3 months and another 13 percent lacked coverage for 8 months. Among Maryland children, approximately 10 percent



lacked coverage for 1-11 months. Leaving 81 percent who were insured throughout the entire year, and 9 percent that were uninsured all 12 months.

### **Occupation and Worker Type**

Occupations associated with the highest average coverage rates among nonelderly adults are managerial, professional, technical, and protective services; about 95 percent of adults employed in these professions were covered by insurance in 1999-2000. Following closely at 89 percent insured were employees in administrative support, precision production/repairs, and sales. Those who had never worked were only 79 percent likely to be insured. In Maryland, full-year full-time workers comprised 46 percent of the uninsured, compared to 63 percent nationwide. Part time and part year workers comprised 31 percent of the uninsured in Maryland, compared to the national average of 22 percent. Nonworkers also comprised a larger share of the uninsured in Maryland compared to the nation (e.g., 23 percent vs. 15 percent).

### **Firm Size**

The risk of being uninsured among working adults generally decreases with the number of employees in the firm. Adults who worked for Maryland firms that employed fewer than 25 workers had about a 1/4 chance of being uninsured, compared to workers in firms of 1000+ employees who had a 4 percent uninsured rate. Although workers in these large firms comprise nearly half of employed nonelderly adults, they account for just 16 percent of the uninsured employed adults due to their high coverage rate. Due to their high uninsured rate, those in firms with fewer than 25 employees account for more than half of all uninsured adult workers in Maryland.

Maryland workers have uninsured risks below those nationwide, regardless of firm size. However, the greatest relative difference occurs for those in the largest firms, for whom the uninsured rate in Maryland is less than half of the national rate. The higher coverage rate in large Maryland firms is likely because government, particularly federal agencies, are among the state's largest employers. State and federal government employees have a higher probability of being offered well-subsidized insurance than do those employed in large private sector firms generally. The low uninsured risk among the state's largest employers produces a distribution of uninsured employees in Maryland that is more concentrated in small firms compared to the national distribution.

### **Occupation and Worker Type**

Nonelderly adults with the highest probability of being covered by health insurance (i.e., 95 percent) in Maryland in 1999-2000 were persons employed as managers, professionals (specialists), technicians, and in protective services. Those with the least likelihood of being insured include persons in service or transportation occupations and machine operators and laborers, whose insured rate of 74 percent was below that of adults who had never worked, 79 percent. Compared to the nation, Maryland's uninsured adults are more likely to be part-time or part-year workers or unemployed. Full-year, full-time workers comprised slightly less than half of uninsured nonelderly adults in Maryland, compared to 63 percent nationwide in 1999-2000.

### **Insurance Availability**

In 1999, 67 percent of Maryland's private establishments offered health insurance to their employees, compared to 58 percent nationwide. Approximately the same percentage of employees enrolled in employer-based health insurance in Maryland (57 percent) and nationally (58 percent). Compared to 1998, higher percentages of Maryland's private sector employees in 1999 were eligible for coverage (80 percent vs. 70 percent), but about the same percentages enrolled. A higher proportion of employees declined in 1999 compared to 1998 (15 percent vs. 12 percent). The percentage of firms not offering health insurance dropped from 10 percent in 1998 to 8 percent in 1999 and was below the national average (11 percent).

### **Single Coverage Premium Comparison**

In 1999, employees in small private firms (i.e., with fewer than 50 employees) absorbed 21 percent of the average health insurance premium for single coverage in Maryland (\$2,730). Nationally, employees in small firms absorbed 15 percent of the average health insurance premium for single coverage (\$2,475). For employees in small firms, the average health insurance premium for single coverage in the United States and Maryland increased significantly between 1997 and 1999. Maryland employees' share of the premium did not change significantly between 1997 and 1999, but nationally, the share dropped by slightly more than 1 percent, a statistically significant change.

Employees in large private firms (i.e., with 50 or more employees) absorbed 20 percent of the average health insurance premium for single coverage in Maryland in 1999 (\$2,358). For employees in large firms, the average health insurance premium for single coverage in Maryland increased significantly between 1997 and 1999. The percentage of the premium contributed by Maryland employees did not change significantly between 1997 and 1999. Nationally, employees in large firms contributed 19 percent of health insurance premiums for single coverage (\$2,269). The average health insurance premium for single coverage in the United States increased significantly between 1997 and 1999. Nationally, employees' share of the premium rose significantly between 1997 and 1999.

### **Family Coverage Premium Comparison**

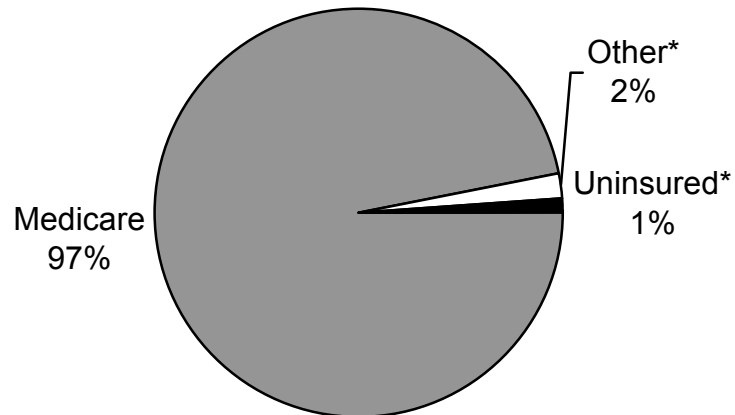
In 1999, employees in small private firms absorbed 22 percent of the average health insurance premium for family coverage in Maryland (\$6,785). Nationally, employees in small firms absorbed 27 percent of the average health insurance premium for family coverage (\$6,062). For employees in small firms, the average health insurance premium for family coverage in the United States and Maryland increased significantly between 1997 and 1999. Maryland employees' share of the premium decreased significantly by 46 percent from 1997, but the small drop in employees' share nationally was not significant.

Employees in large private firms absorbed 21 percent of the average health insurance premium for family coverage in Maryland in 1999 (\$6,606). Nationally, employees in these firms contributed 23 percent of health insurance premiums for family coverage (\$6,057). The average health insurance premium for family coverage in the United States and Maryland increased significantly between 1997 and 1999. In Maryland and the United States, employees' share of the premium showed no significant change between 1997 and 1999.

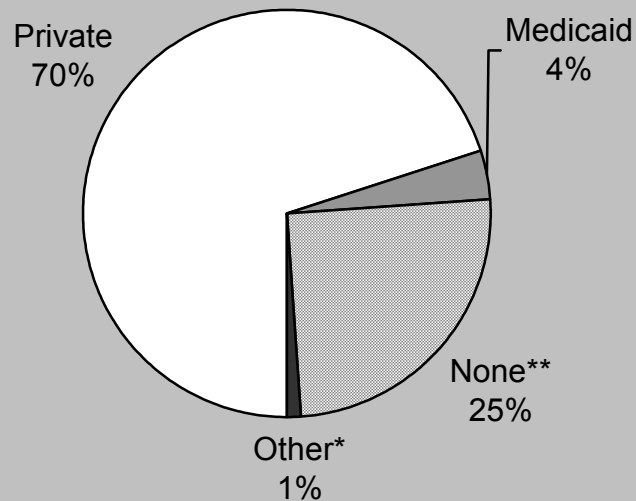
The apparent large decline from 1998 to 1999 in the average share of family premiums paid by small firm employees in Maryland results from the interplay of several technical factors and the strong underlying economic growth that artificially accelerated the decline. The mix of firms operating in the under 50 employee market is much more dynamic than that of the large group market. Over relatively short periods of time, some small firms expand and graduate to the larger employer market, while others fail and disappear. At the same time, the small employer market is more responsive to underlying business opportunities, which can shift rapidly from biotechnology to information services to retail operations. These changes mean that the concentration of small firms across industries changes more rapidly than in the large employer market. Consequently, it is more difficult to characterize a typical small firm's benefits package. For example, although all biotechnology firms may offer comparable benefits, those benefits will differ significantly from what is available to employees of small retail operations. Changes in business mix are magnified by a limited MEPS-IC survey sample in small states such as Maryland. These factors likely exaggerated the changes that occurred in 1999 as employers sought to maintain valued employees by reducing their cost sharing on health insurance. At the national level, a larger sample of small firms provides stability in the face of a changing industrial mix, making it more likely that the average changes reflect real trends.

## Health Insurance Coverage For the Elderly, 1999-2000

### Distribution of Health Insurance Coverage



### Elderly Medicare Beneficiaries Distribution of Secondary Source of Insurance



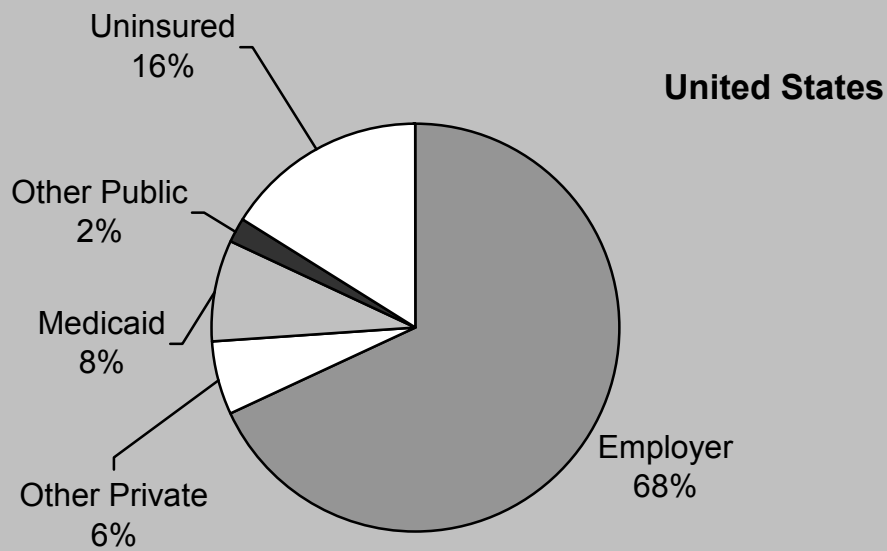
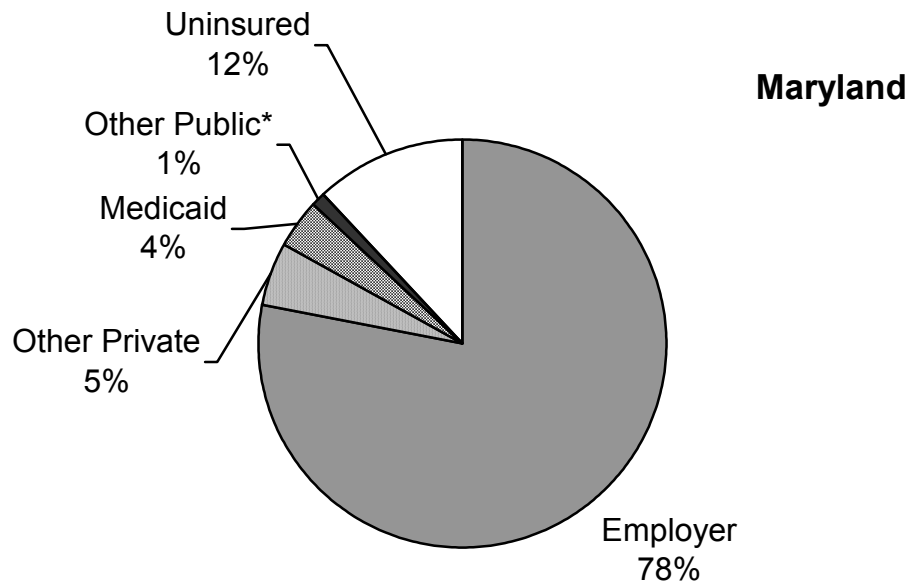
\* Sample size below 50.

\*\* Some of the beneficiaries who did not cite secondary coverage may be enrolled in Medicare HMOs (Medicare+Choice), which limit their out-of-pocket spending for care. In 1999 and 2000, 13 percent and 10 percent, respectively, of the state's Medicare beneficiaries were enrolled in Medicare+Choice.

DATA: Current Population Survey, March 2000-2001

## Health Insurance Coverage

For the Nonelderly: MD & U.S., 1999-2000

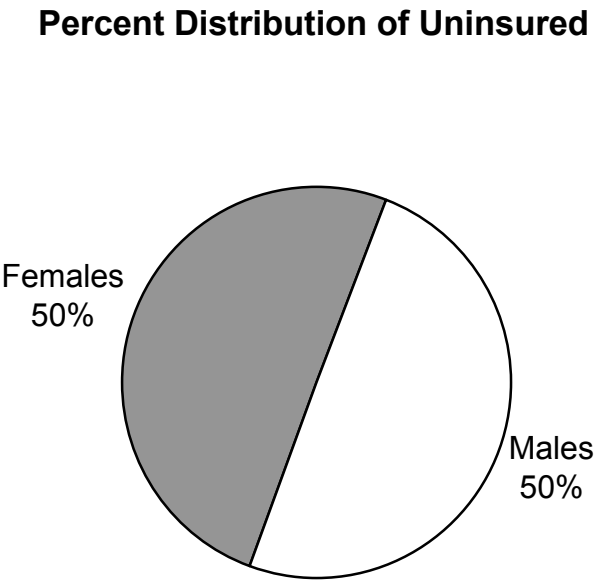
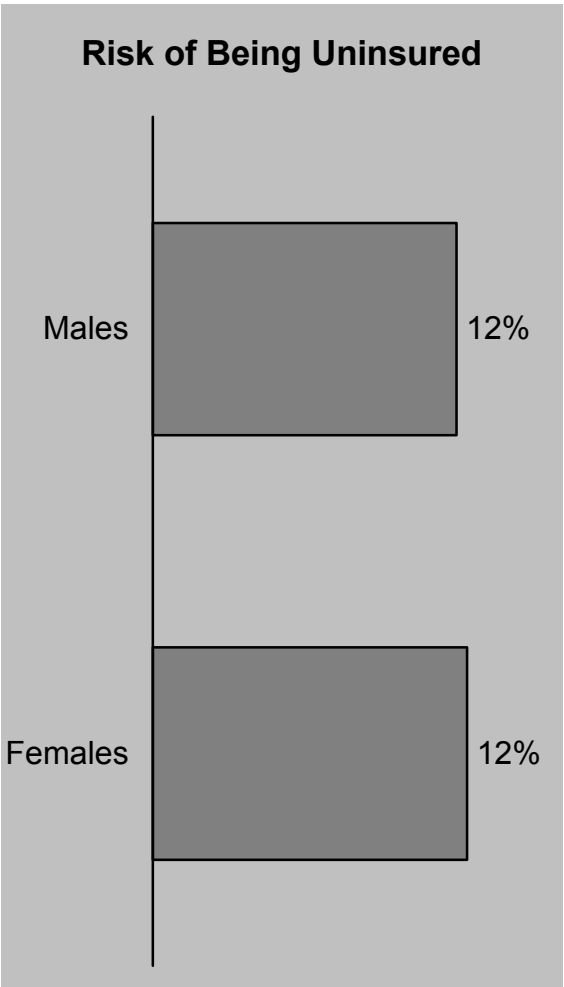


\* Sample size below 50.

"Other Public" includes CHAMPUS, CHAMPVA, VA, military health care, & Medicare.

DATA: Current Population Survey, March 2000-2001

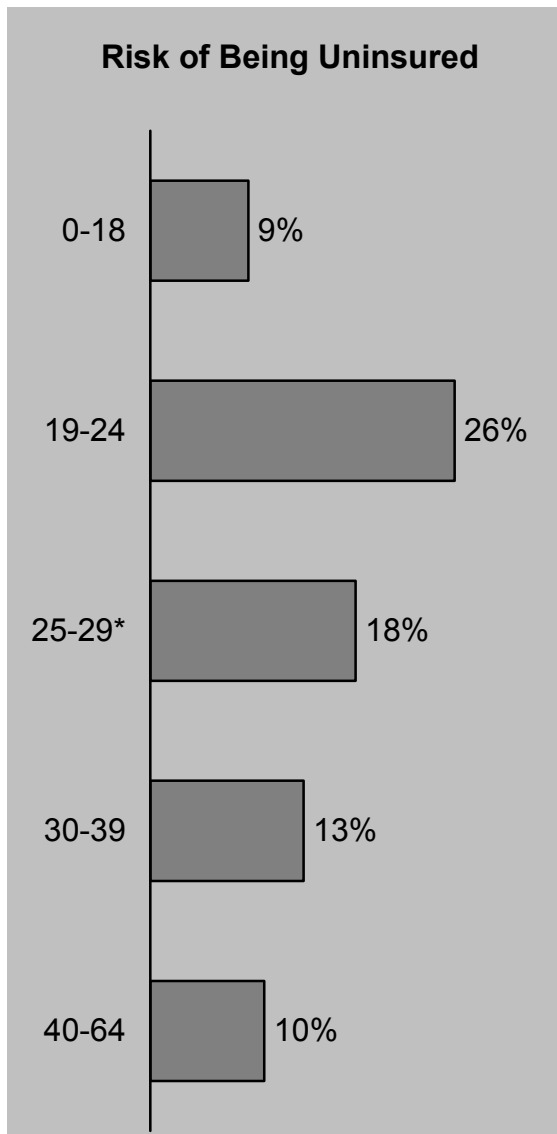
**Risk and Distribution by Gender**  
For the Nonelderly Uninsured, 1999-2000



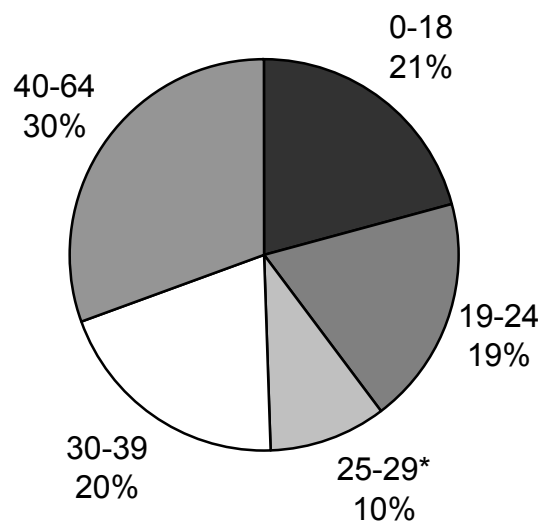
DATA: Current Population Survey, March 2000-2001

## Risk and Distribution by Age

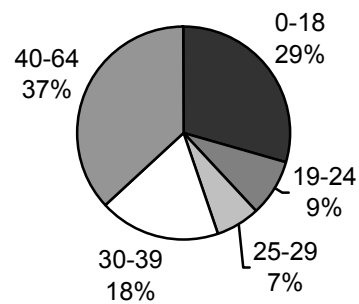
For the Nonelderly Uninsured, 1999-2000



## Percent Distribution of Uninsured



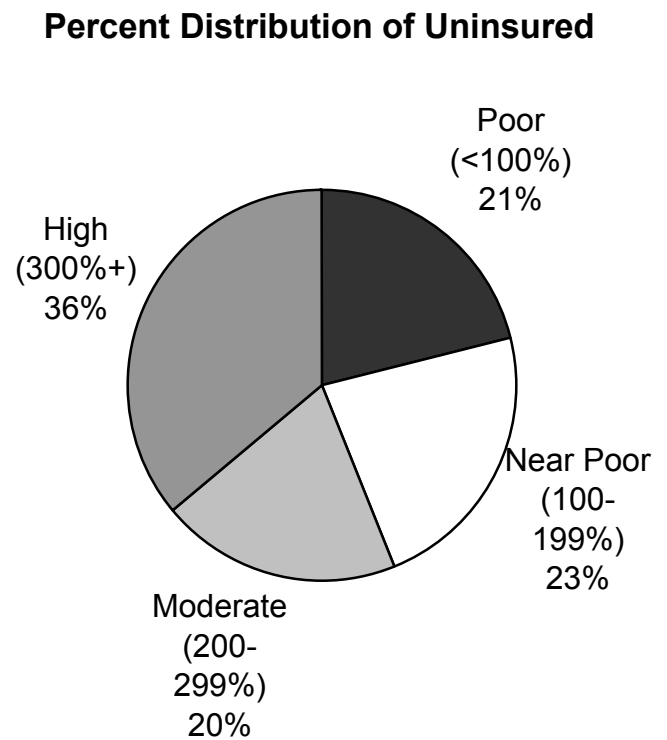
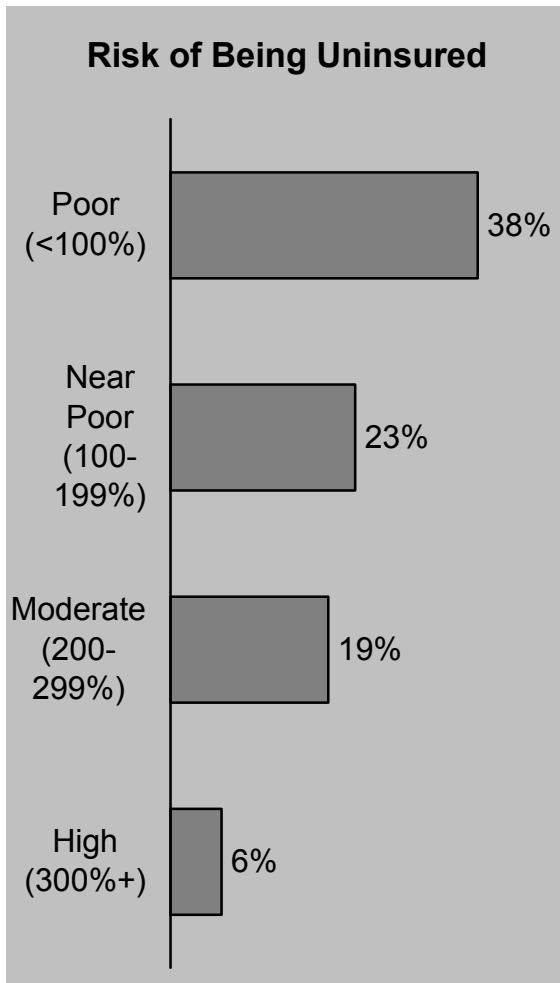
## Percent Distribution in Nonelderly



\* Sample size below 50.

DATA: Current Population Survey, March 2000-2001

## Risk and Distribution by Poverty Level For the Nonelderly Uninsured, 1999-2000

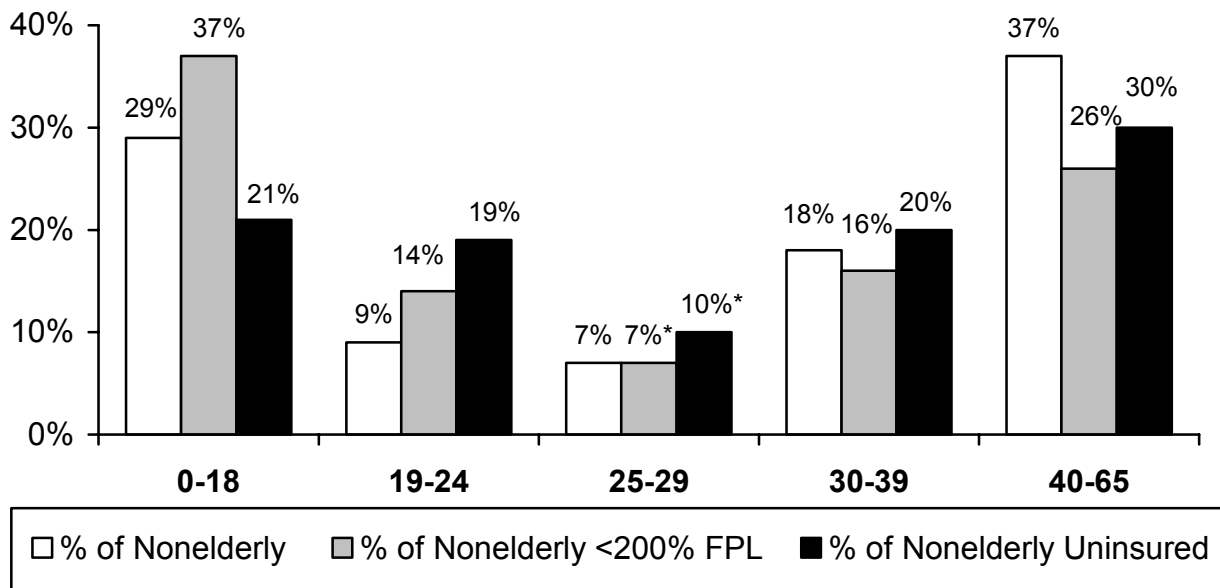


DATA: Current Population Survey, March 2000-2001

## Relationship between Age, Poverty Level & Insurance Status

For the Nonelderly, 1999-2000

**Distribution of Age Groups within the Nonelderly Population, the Poor/Near Poor, & the Uninsured**



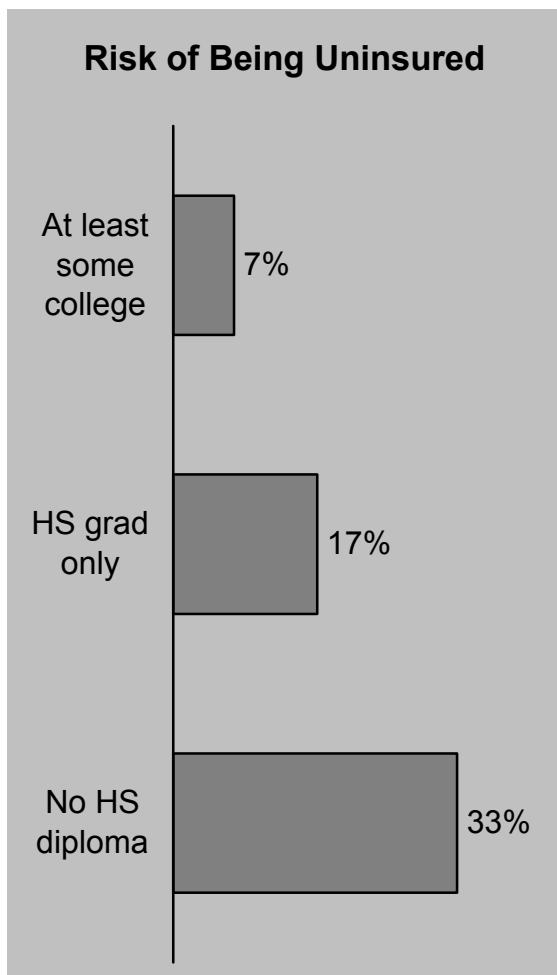
Insured Rate and Distribution by Federal Poverty Level (FPL), within Age Groups				
Age Group	<200% FPL		≥200% FPL	
	Insured Rate	% of Age Group	Insured Rate	% of Age Group
All Ages	72%	19%	93%	81%
0-18	83	24	94	76
19-24	47	30	85	70
25-29	63*	18*	86	82
30-39	68	17	91	83
40-64	74	13	93	87

\* Sample size below 50.

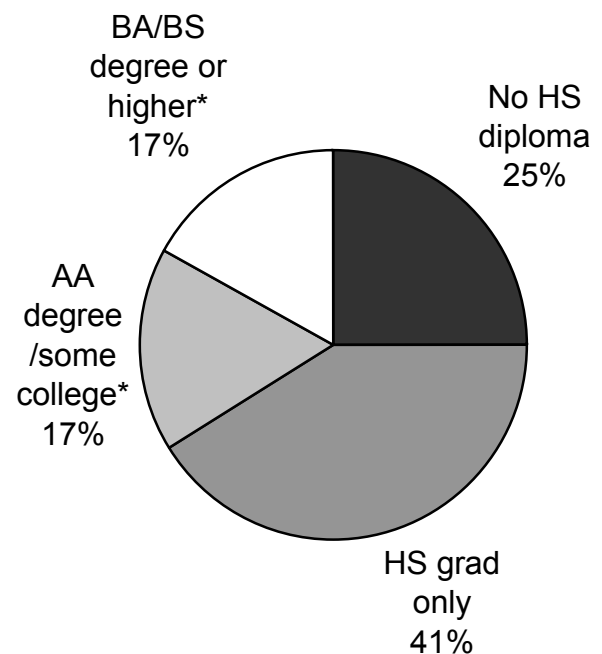
DATA: Current Population Survey, March 2000-2001



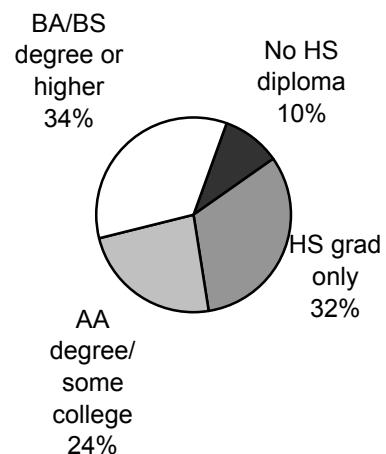
## Risk and Distribution by Educational Attainment For Nonelderly Uninsured Adults, 1999-2000



### Percent Distribution of Uninsured



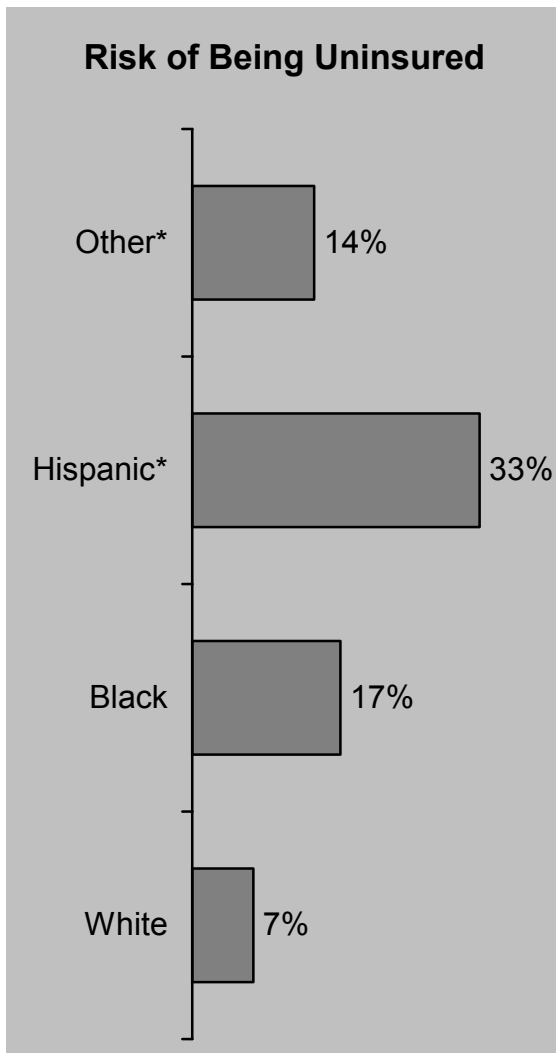
### Percent Distribution in Nonelderly



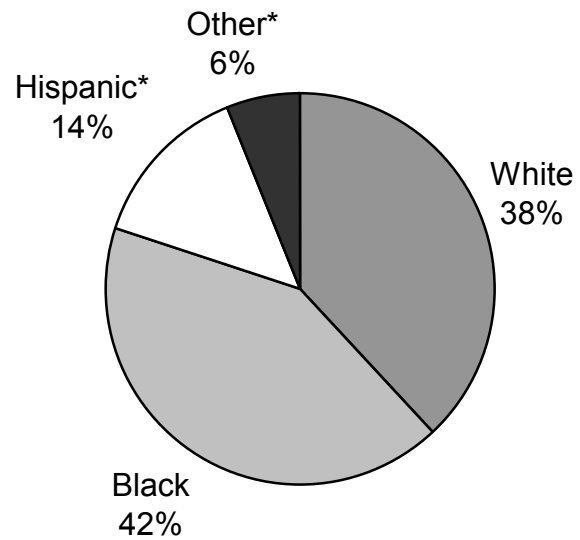
\* Sample size below 50.

DATA: Current Population Survey, March 2000-2001

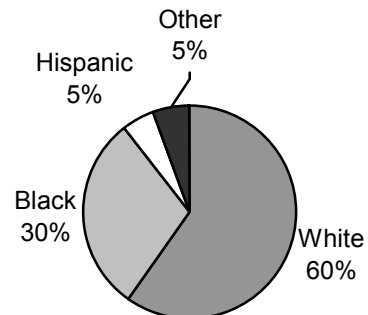
## Risk and Distribution by Race/Ethnicity For the Nonelderly Uninsured, 1999-2000



### Percent Distribution of Uninsured



### Percent Distribution in Nonelderly



\*Sample size below 50.

DATA: Current Population Survey, March 2000-2001

**Relationship between Insurance Status and Race/Ethnicity,  
Poverty Level, Educational Attainment, & Citizenship**  
For the Nonelderly Uninsured, 1999-2000

<b>Insured Rate and Distribution by Poverty Level (FPL), within Race/Ethnic Groups **</b>				
Ethnicity Group	<200% FPL		≥200% FPL	
	<b>Insured Rate</b>	% of Ethnic Group	<b>Insured Rate</b>	% of Ethnic Group
White	<b>78%</b>	13%	<b>95%</b>	87%
Black	<b>72</b>	27	<b>87</b>	73
Hispanic	<b>53*</b>	37	<b>75</b>	63

<b>Insured Rate and Distribution by Educational Attainment, within Race/Ethnic Groups **</b>				
Ethnicity Group	High School Diploma or Less		Some College to Graduate Degree	
	<b>Insured Rate</b>	% of Ethnic Group	<b>Insured Rate</b>	% of Ethnic Group
White	<b>87%</b>	37%	<b>95%</b>	63%
Black	<b>75</b>	50	<b>89</b>	50
Hispanic	<b>50*</b>	68	<b>85*</b>	32*

<b>Insured Rate and Distribution by Citizenship, within Race/Ethnic Groups</b>				
Ethnicity Group	Not US Citizens		US Citizens	
	<b>Insured Rate</b>	% of Ethnic Group	<b>Insured Rate</b>	% of Ethnic Group
All Nonelderly	<b>62%</b>	90%	<b>90%</b>	6%
White	<b>87*</b>	93	<b>93</b>	2
Black	<b>NS</b>	84	<b>84</b>	2*
Hispanic	<b>53</b>	83	<b>83</b>	47
Other	<b>71*</b>	93	<b>93</b>	29*

\*Sample size below 50.

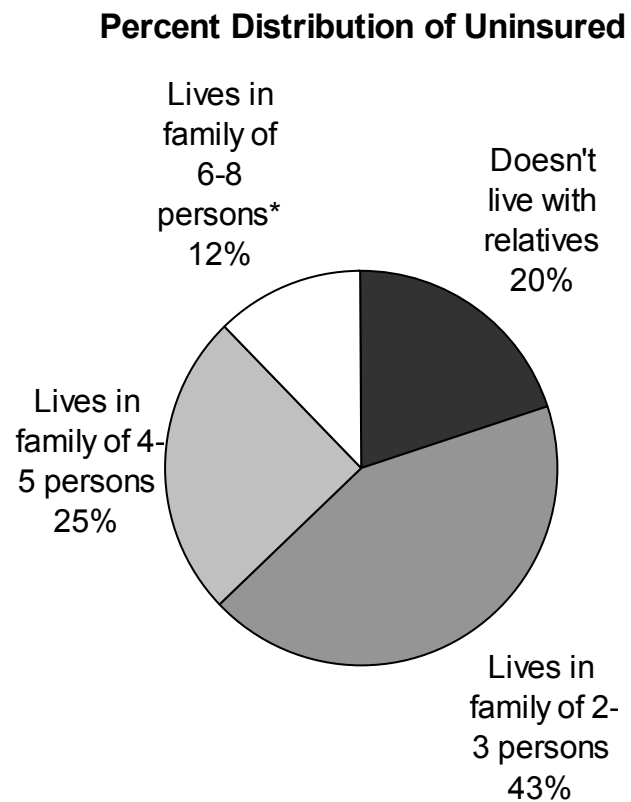
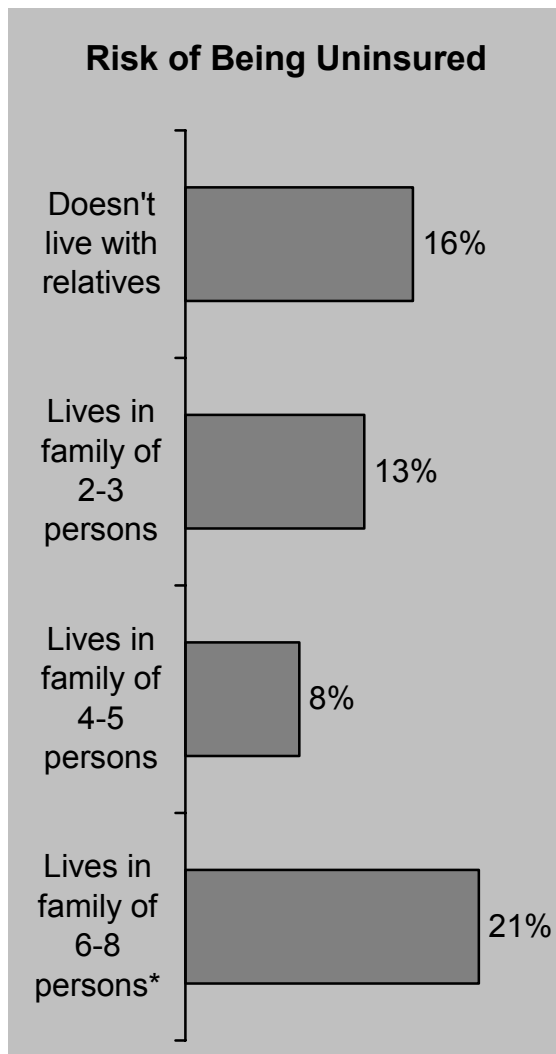
\*\*Insufficient data for all other racial/ethnic groups.

NS indicates insufficient data for estimation.

DATA: Current Population Survey, March 2000-2001

## Risk and Distribution by Family Size\*\*

For Nonelderly Uninsured Persons, 1999-2000



\* Sample size below 50.

\*\*The definition of "family" used in this analysis differs from the traditional Census definition. See End Notes.

DATA: Current Population Survey, March 2000-2001.

**Family\*\* Employment Status, Poverty Level, & Insurance Status**  
For Nonelderly Persons, 1999-2000

Statistics by Family Employment Status			
	Risk of Being Uninsured	Distribution of Uninsured	Distribution of Total Population
2 or more employed for wages in family**	9%	37%	48%
1 employed for wages in family**	13	45	43
1 or more self-employed in family	15*	6*	5
No employed adults	29*	12*	5

Insured Rate and Distribution by Poverty Level, within Family Employment Status Categories				
Employment Status	<200% FPL		≥200% FPL	
	Insured Rate	% of Category	Insured Rate	% of Category
2+ wage earners	78%	7%	92%	93%
1 wage earner	72	25	93	75
Self-employed	70	20*	88	80
No employed adults	67	73	77	27

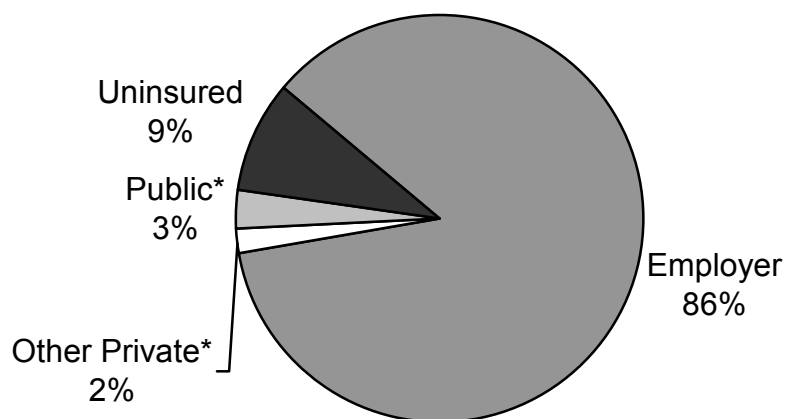
\* Sample size below 50 for: 2 or more employed for wages in family (uninsured), low and moderate incomes; 1 employed for wages in family (uninsured), moderate and high incomes.

\*\* See End Notes.

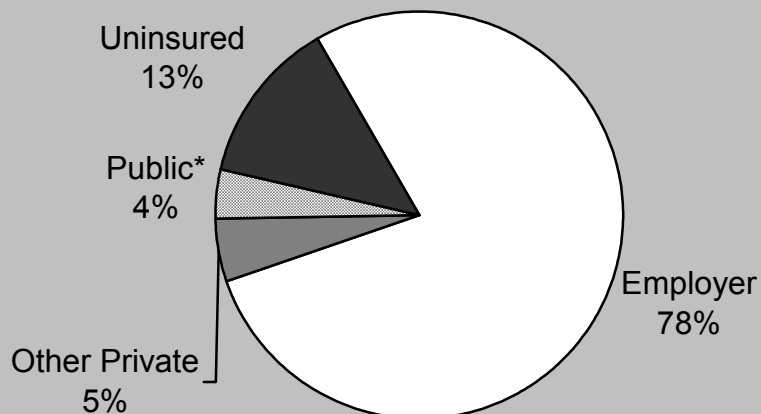
DATA: Current Population Survey, March 2000-2001.

## Health Insurance Coverage by Family\*\* Employment Status For Nonelderly Persons, 1999-2000

### Individuals in Families with Two or More Workers Employed for Wages



### Individuals in Families with One Worker Employed for Wages



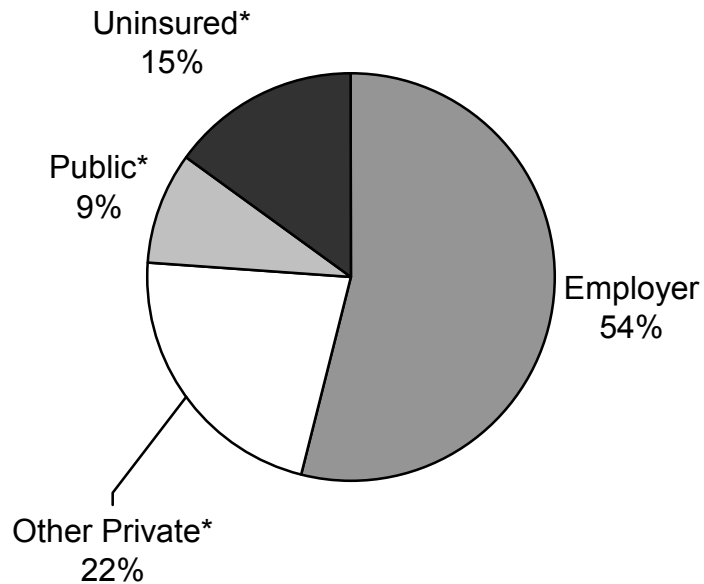
\*Sample size below 50.

\*\*See End Notes.

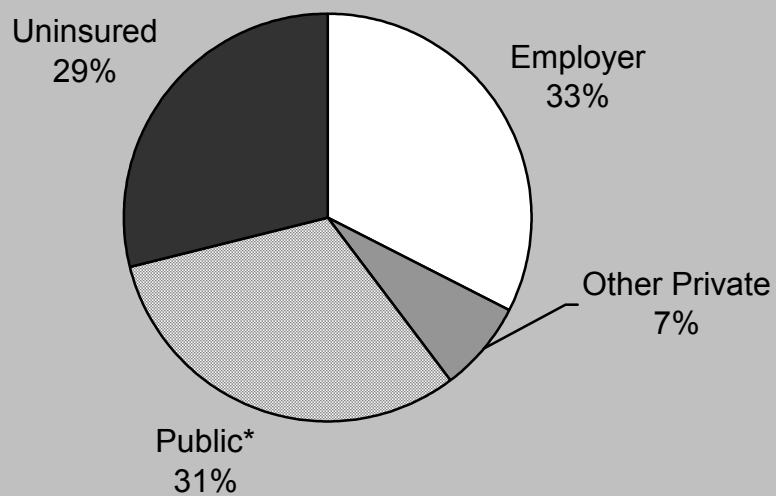
DATA: Current Population Survey, March 2000-2001.

## Health Insurance Coverage by Family\*\* Employment Status For Nonelderly Persons, 1999-2000

### Individuals in Families with One or More Self-Employed Workers



### Individuals in Families with No Employed Adults



\*Sample size below 50. DATA: Current Population Survey, March 2000-2001. \*\* See End Notes.

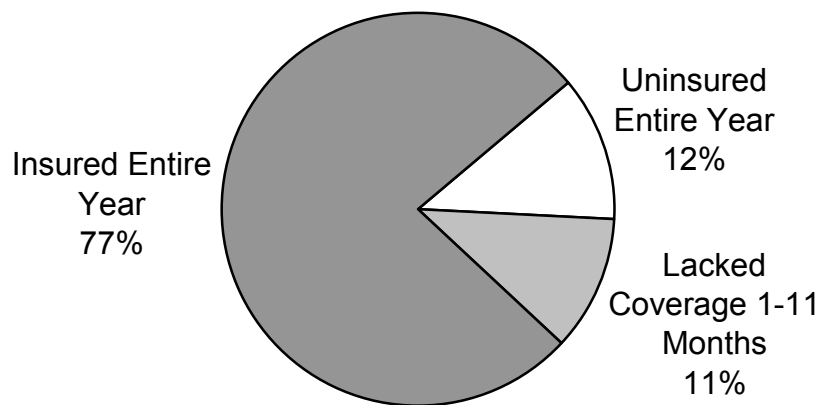
## Proportion of Nonelderly Ever-Insured Likely to Have Lapses in Coverage and Duration of Lapses in One Year

By Age, Gender, Race/Ethnicity, and Poverty Level (FPL)

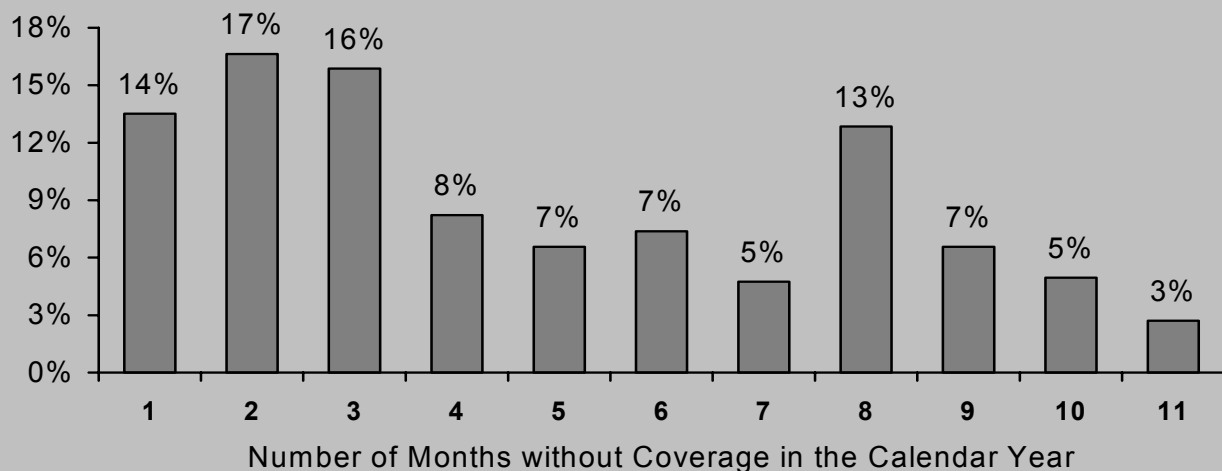
8 About 12% of ever-insured nonelderly residents of the Northeast lacked coverage for 1-11 months during the calendar year, 1997.\*

### Estimating the Proportion of Non-Elderly Maryland Residents Insured Part-year, 1999-2000:

[88%(CPS insured rate) X 12%(share of insured covered part-year)  
=11%]



### Distribution of Lapses\*\* in Coverage: Proportion Uninsured for 1-11 Months of the Year, MEPS 1997



\*\*Duration of lapse is not necessarily continuous.  
DATA: Medical Expenditure Panel Survey, 1997.

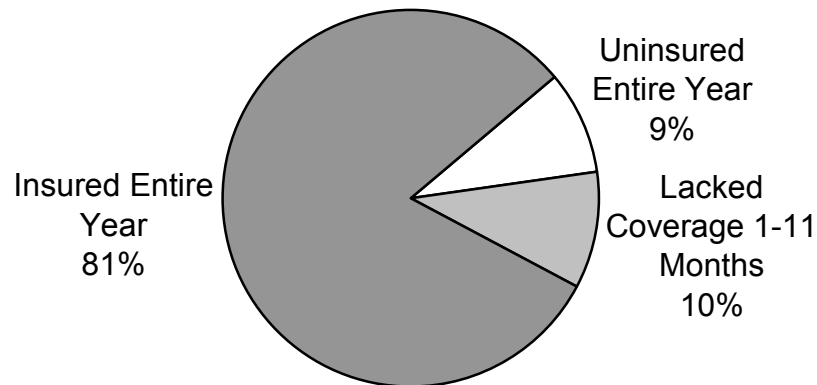


## Proportion of Nonelderly Ever-Insured Likely to Have Lapses in Coverage and Duration of Lapses in One Year

By Age, Gender, Race/Ethnicity, and Poverty Level (FPL)

### Estimating the Proportion of Non-Elderly Maryland Children Insured Part-year , 1999-2000:

[91%(insured rate) X 11%(share of insured covered part-year) = 10%]



Proportion Lacking Coverage (and Median Number of Months) Per Year by Age, Gender, and Race/Ethnicity *			
		Probability of coverage lapse	Median duration of lapse**
Age	<b>0-64</b>	12%	<b>4 months</b>
	<b>0-18</b>	11	<b>4</b>
	<b>19-24</b>	25	<b>4</b>
	<b>25-34</b>	18	<b>3</b>
	<b>35-44</b>	11	<b>4</b>
	<b>45-54*</b>	6	<b>5</b>
	<b>55-64*</b>	7	<b>5</b>
Sex	<b>Female</b>	13	<b>5</b>
	<b>Male</b>	12	<b>3</b>
Race/Ethnicity	<b>White</b>	12	<b>4</b>
	<b>Black</b>	14	<b>4</b>
	<b>Hispanic</b>	17	<b>6</b>
FPL	<b>Negative/Poor</b>	12	<b>4</b>
	<b>Near Poor</b>	34	<b>7</b>
	<b>Low Income</b>	19	<b>5</b>
	<b>Middle Income</b>	16	<b>3</b>
	<b>High Income</b>	7	<b>3</b>

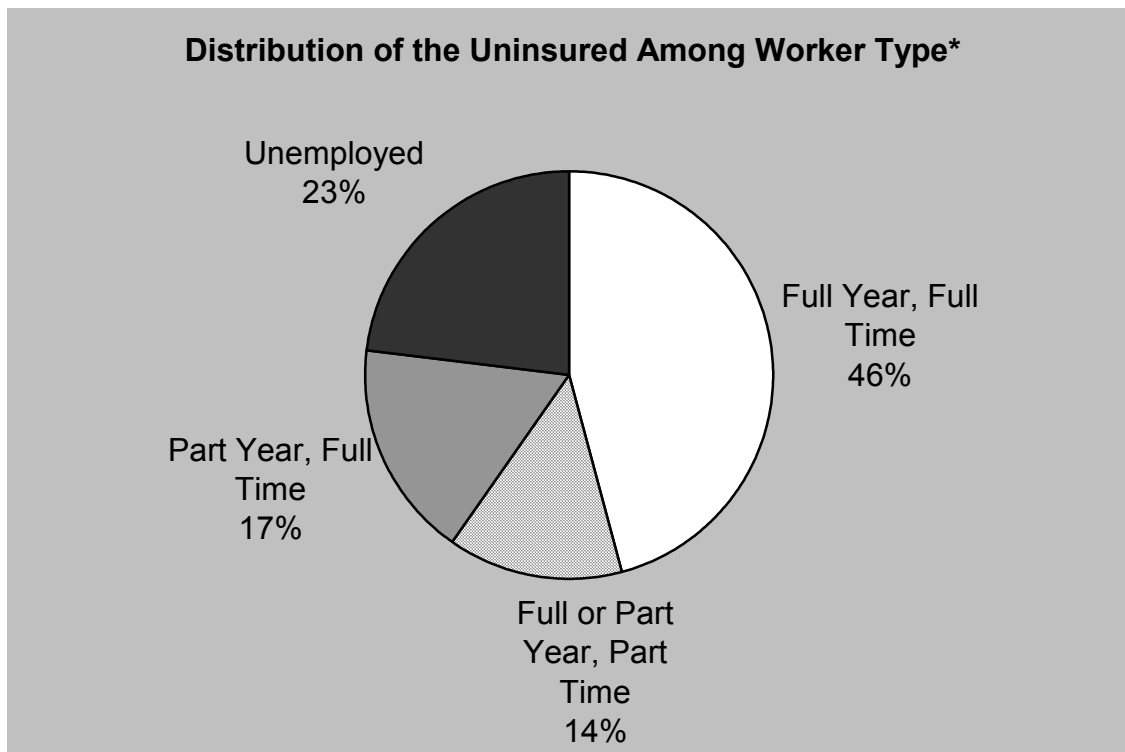
\*Sample size is less than 50.

\*\*Duration of lapse is not necessarily continuous.

## Risk and Distribution by Occupation and Worker Type

For Uninsured Adults, Ages 19-64, 1999-2000

Distribution of Occupational Groups within the Population and Their Insured Rates		
Occupation	Insured Rate	% of Category
<ul style="list-style-type: none"> <li>• Managerial</li> <li>• Professional Specialty</li> <li>• Technicians</li> <li>• Protective Services</li> </ul>	<b>95%</b>	39%
<ul style="list-style-type: none"> <li>• Administrative Support</li> <li>• Precision Production/Repairs</li> <li>• Sales</li> </ul>	<b>89</b>	29
<ul style="list-style-type: none"> <li>• Service Occupations</li> <li>• Transportation</li> <li>• Machine Operators</li> <li>• Laborers</li> </ul>	<b>74</b>	18
• Never Worked	<b>79</b>	13
<ul style="list-style-type: none"> <li>• Farming/Forestry/Fishing</li> <li>• Private Household</li> </ul>	<b>NS</b>	NS



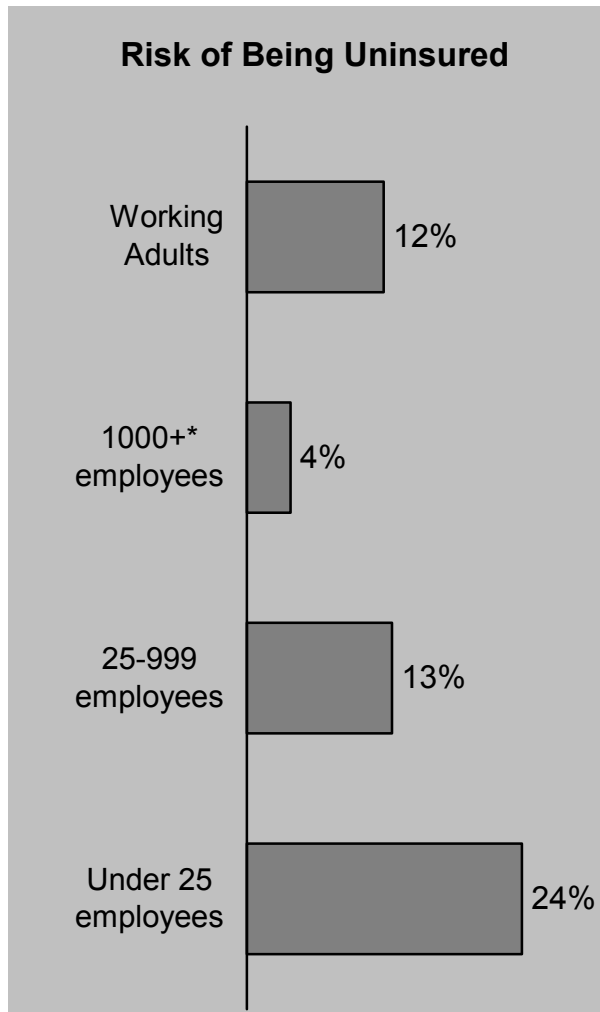
\*Abbreviations are: PY (Part Year), FY (Full Year), PT (Part Time), FT (Full Time).

NS indicates not sufficient data to estimate rates

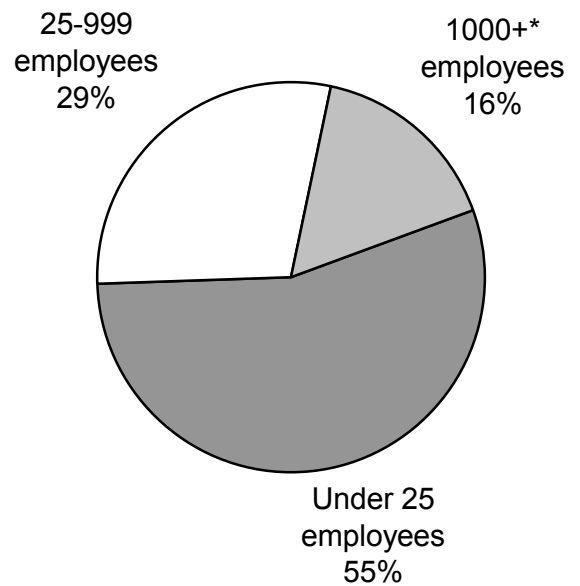
DATA: Current Population Survey, March 2000 & 2001.

## Risk and Distribution by Firm Size

For Uninsured Working Adults, Ages 19-64, 1999-2000



## Percent Distribution of Uninsured

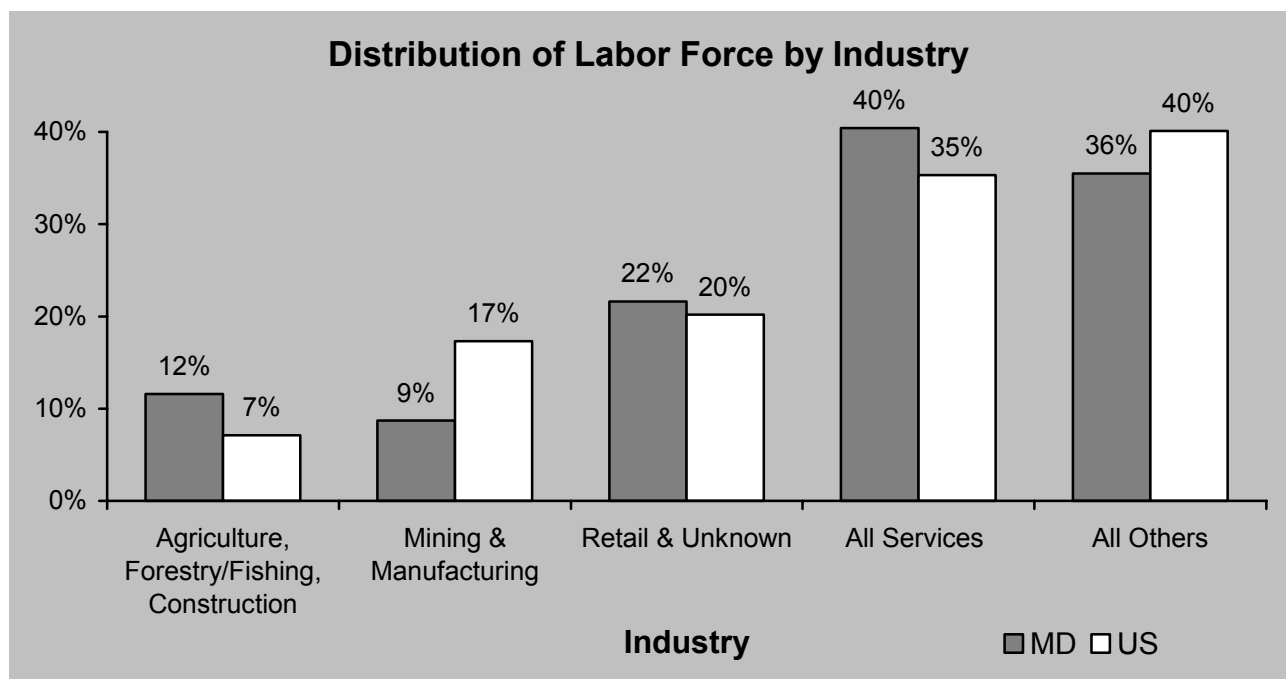
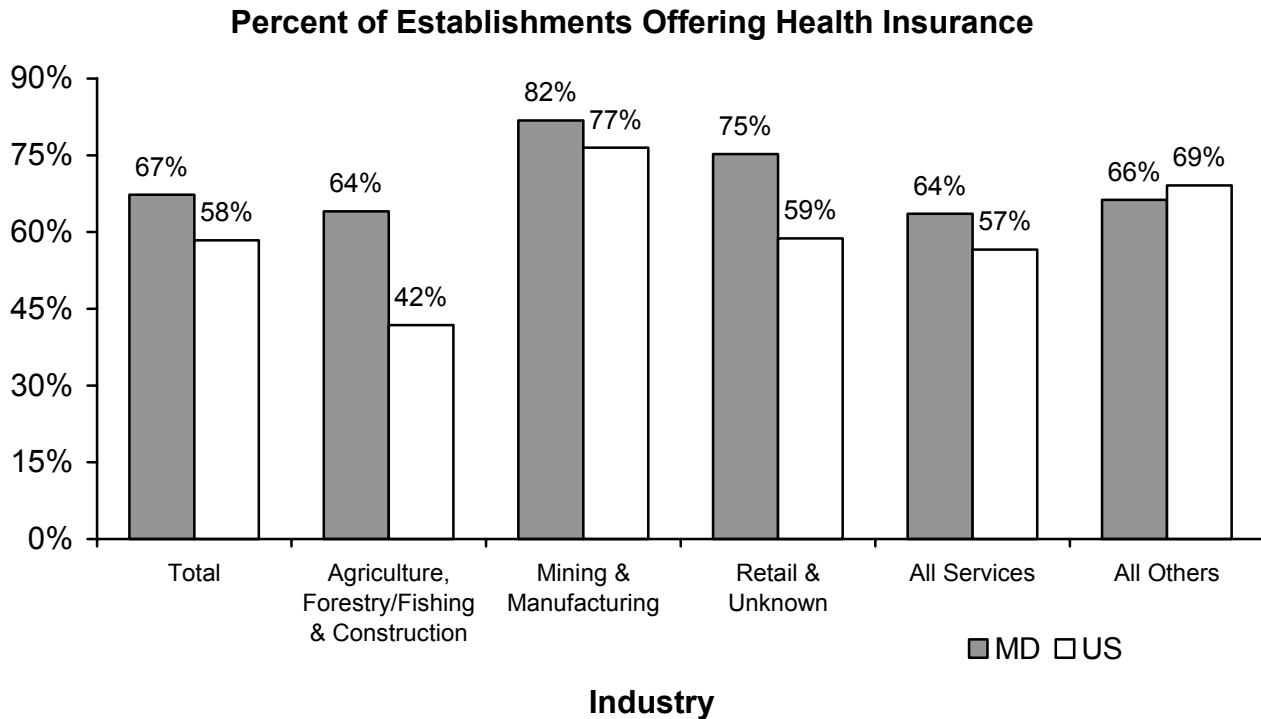


\*Sample size below 50.

DATA: Current Population Survey, March 2000-2001.

## Availability of Insurance and Distribution of Employees by Industry\*

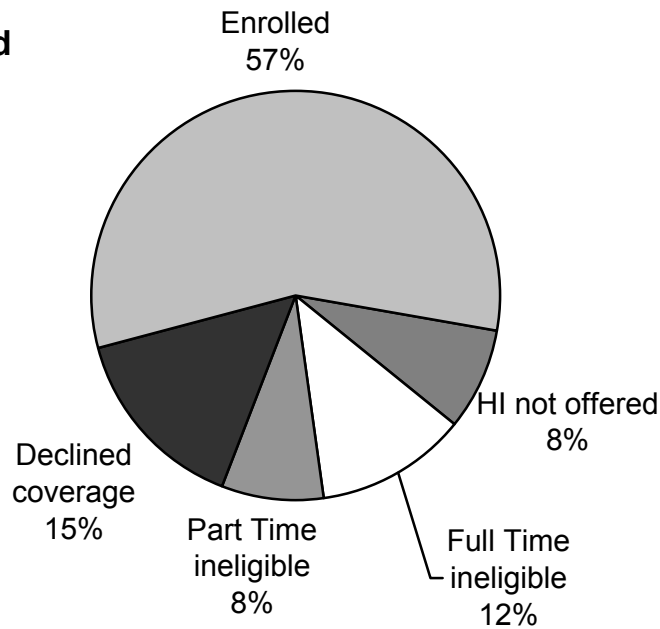
In Private Sector Establishments: MD & U.S., 1999



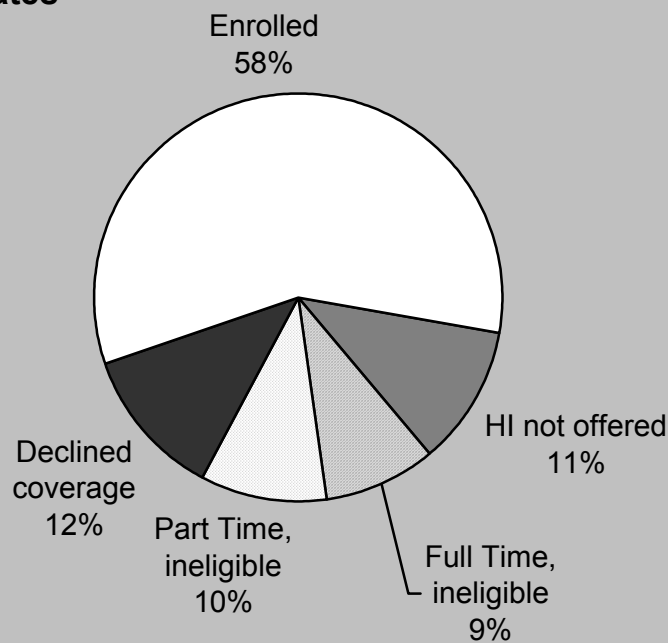
\* Industry categories are defined by Standard Industrial Classification Codes. "All Others" includes the categories of Finance/Insurance/Real Estate, Wholesale, & Transportation/Communications/Other Utilities  
 DATA: Medical Expenditure Panel Survey, Insurance Component, 1999

**Health Insurance (HI) Acceptance and Availability of Insurance**  
By Worker Type & Eligibility in Private Sector Establishments:  
MD & U.S., 1999

**Maryland**



**United States**

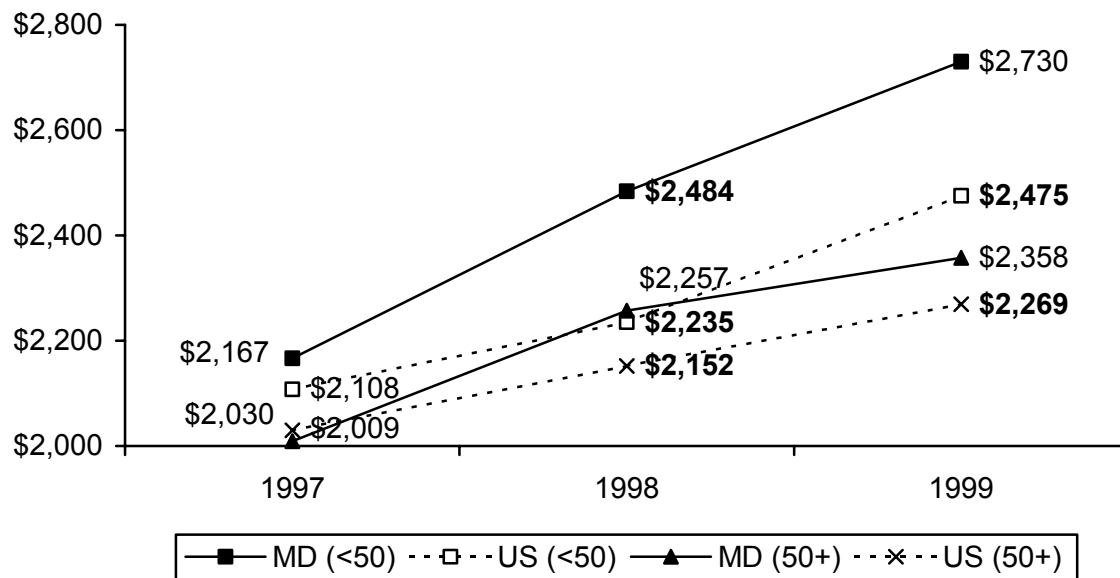


DATA: Medical Expenditure Panel Survey, Insurance Component, 1999

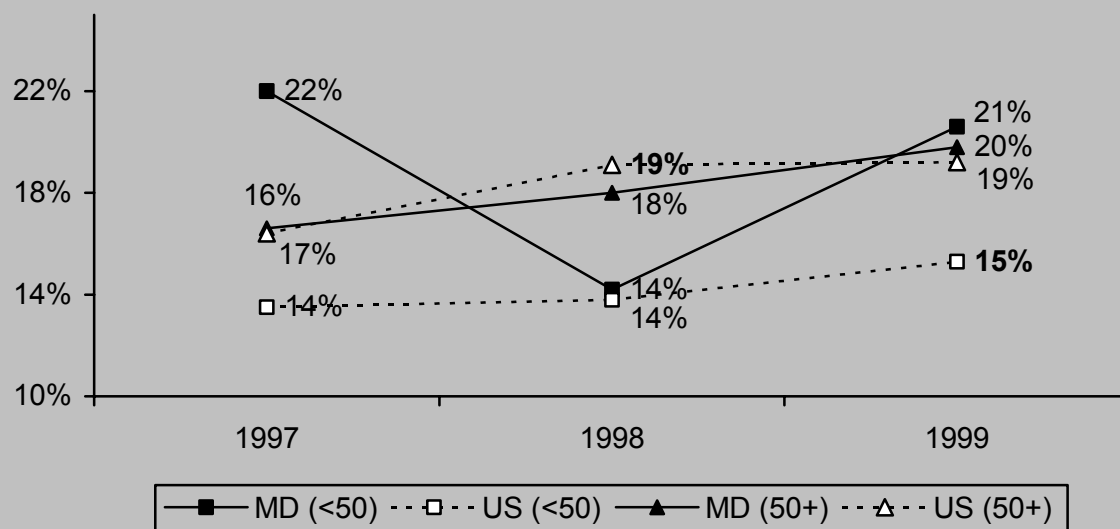
## Premium Level and Employee Contribution

By Type of Coverage & Firm Size in Private Sector Establishments:  
MD & U.S., 1997-1999

**Average Health Insurance Premium (Single Coverage) per  
Enrolled Employee at Private-Sector Establishments\***



**Percent of Total Premium Contributed by Employees  
Enrolled in a Health Insurance Plan (Single Coverage) at  
Private Sector Establishments\***

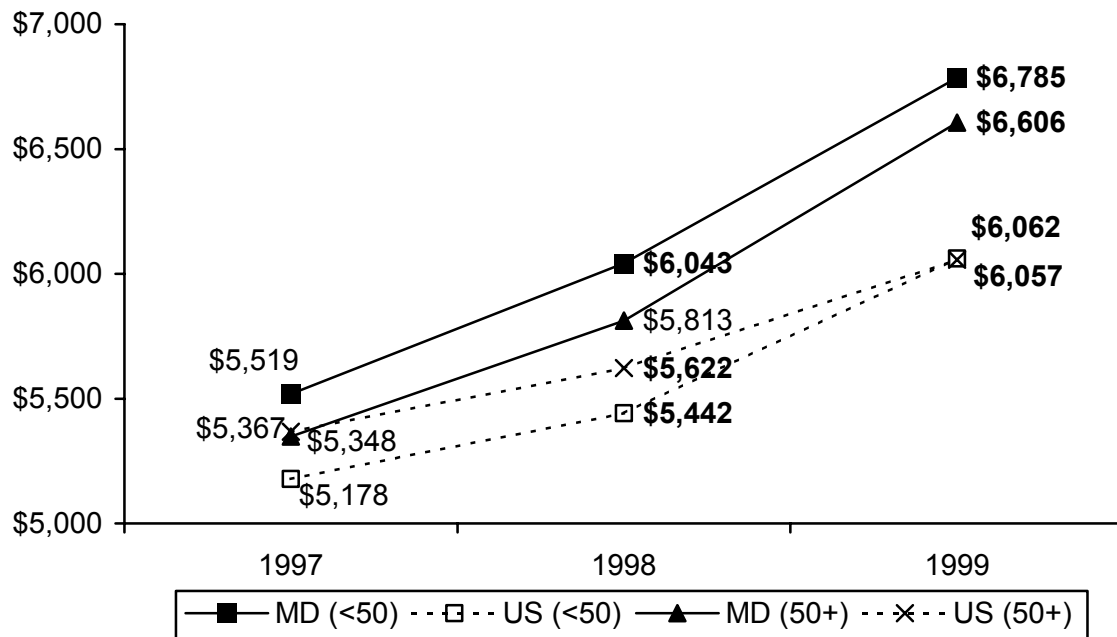


\* **Bolded numbers** are significantly different from the number for the preceding year at the 5 percent level.  
DATA: Medical Expenditure Panel Survey, Insurance Component, 1999

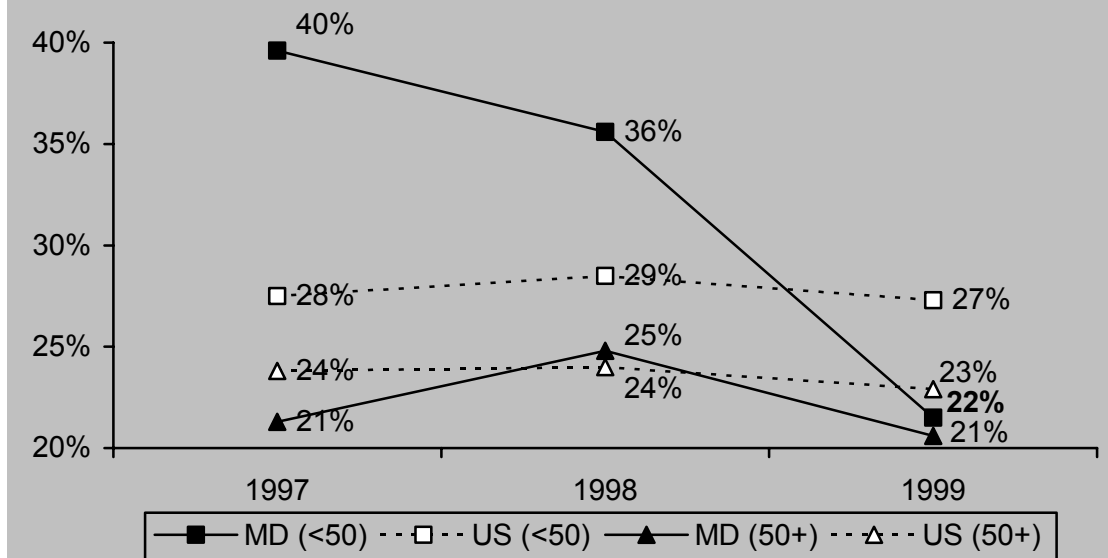
## Premium Level and Employee Contribution

By Type of Coverage & Firm Size in Private Sector Establishments:  
MD & U.S., 1997-1999

**Average Health Insurance Premium (Family Coverage)  
per Enrolled Employee\***



**Percent of Total Premium Contributed by Employees  
Enrolled in a Health Insurance Plan (Family Coverage)\***



\* **Bolded numbers** are significantly different from the number for the preceding year at the 5 percent level.  
DATA: Medical Expenditure Panel Survey, Insurance Component, 1999

## END NOTES

- ▶ Percentages in pie charts may not add to 100% due to rounding.
- ▶ A sample size less than 50 indicates the estimate is not considered acceptable for standards of precision and reliability.

### Page 10

Estimates of Medicaid enrollment among Medicare beneficiaries using enrollment counts obtained from Medicare and Medicaid are higher: approximately 7 percent.

### Pages 18-21

Note that while a “family” in Census Bureau publications refers specifically to a unit with two or more people related by blood, adoption, or marriage, a “family” in this report can also consist of a single “unrelated individual,” i.e., an individual living alone or with other persons to whom the individual is unrelated. That is, even though these “unrelated individuals” are not a “family,” per se, they are counted as a separate unit for the purposes of this analysis.

## LIST OF DATA SOURCES

### (1) Current Population Survey (CPS) March Supplements, 2000-2001.

U.S. Department of Commerce, Bureau of the Census.

#### Health insurance status:

The CPS identifies individuals as uninsured if they have lacked coverage for the entire previous calendar year (although many analysts believe that respondents provide information about their current insurance status).<sup>8</sup>

### (2) Medical Expenditure Panel Survey (MEPS).

Agency for Healthcare Research and Quality, Center for Cost and Financing Studies. Insurance Component (MEPS-IC): 1997-1999 Employer-Sponsored Health Insurance Data Tables by State and by Establishment Characteristics. <<http://www.meps.ahrq.gov/mepsdata/icindex.htm>>.

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<sup>8</sup> Understanding Estimates of Uninsured Children: Putting Differences in Context. [Online]. Assistant Secretary for Planning and Evaluation (ASPE Research Notes). Available at <http://aspe.hhs.gov/rn/rn21.htm> [2000, June 5].